

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14129

1. PLACE OF DEATH

County St. Genevieve Registration District No. 728
Township Blair Primary Registration District No. 6027
City _____ No. _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Joseph Letterman

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Hayd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Genevieve Co (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph Letterman

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) J. Letterman
Crystal City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis, Mo DATE April 30 1935

19. UNDERTAKER (ADDRESS) Geo. S. Bash
St. Genevieve, Mo

20. FILED 5/30-1935 W. H. Thomme Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1935 to 4-28 1935

I last saw him alive on 4-27 1935 Death is said to have occurred on the date stated above, at 10:10 Am.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure Date of onset _____
Chronic Myocarditis 5 yrs
General Arteriosclerosis

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Oscar A. Cannon, M. D.
(Address) Perryville, Mo.

